

	High Deductible Plan		Network 80/80 Plan	Network 80/60 Plan	
Deductible per benefit period	\$1500 of Allowable Expenses. The deductible applies to all covered services		\$500 of Allowable Expenses. The deductible applies to all covered services	\$500 of Allowable Expenses. The deductible applies to all covered services	
Maximum Amount payable in a lifetime for the Policyholders	\$1,000,000 including \$10,000 for combined inpatient and outpatient Psychiatric Care and the Transplant Lifetime Maximum.		\$1,000,000 including \$10,000 for combined inpatient and outpatient Psychiatric Care and the Transplant Lifetime Maximum.	\$1,000,000 including \$10,000 for combined inpatient and outpatient Psychiatric Care and the Transplant Lifetime Maximum.	
Inpatient Per-occurrence copayment	\$0 per admission		\$0 per admission to Network or Non-network providers	\$0 per admission for Network providers; \$250 per admission to Non-network providers	
Outpatient Per-occurrence copayment	\$0 per admission		\$100 per Emergency Medical Care facility visit for non-Emergency Medical Condition services	\$100 per Emergency Medical Care facility visit for non-Emergency Medical Condition services	
Percentage at which benefits are paid	80% of the Allowable Charges after the deductible has been met for services rendered by an In Network	60% of the Allowable Charges after the deductible has been met for services rendered by a Non-Network	80% of the Allowable Charges after the deductible has been met for services rendered until the Out-of-pocket Expense has been met	80% of the Allowable Charges after the deductible has been met for services rendered by an In Network	60% of the Allowable Charges after the deductible has been met for services rendered by a Non-Network

	provider until the Out-of-pocket Expense has been met.	provider until the Out-of-pocket Expense has been met.		provider until the Out-of-pocket Expense has been met.	provider until the Out-of-pocket Expense has been met.
*Out-of-Pocket Expense Maximum	\$5,000 in Network (The deductible and Coinsurance amounts apply toward your Out-of-Pocket Expense	\$10,000 out-of-Network (The deductible and Coinsurance amounts apply toward your Out-of-Pocket Expense	Combined maximum \$1,500 in Network and out-of-Network (the Deductible, any copayments, and coinsurance amounts for psychiatric care do not apply towards your Out-of-Pocket Maximum.)	\$2,000 in Network (the Deductible, any copayments, and coinsurance amounts for psychiatric care do not apply towards your Out-of-Pocket Maximum.)	\$7,000 out-of-Network (the Deductible, any copayments, and coinsurance amounts for psychiatric care do not apply towards your Out-of-Pocket Maximum.)
Daily Hospital room and Board	Semi-private rate		Semi-private rate	Semi-private rate	
Home Health Care (Pre-approval required)	Up to 40 days per benefit period		Up to 40 days per benefit period	Up to 40 days per benefit period	
Out Patient Physical therapy – rendered by a licensed physical therapist	Up to 20 visits per benefit period		Up to 20 visits per benefit period	Up to 20 visits per benefit period	
Inpatient psychiatric care	50% of the Allowable Charge for covered inpatient expenses after the		50% of the Allowable Charge for covered inpatient expenses after the	50% of the Allowable Charge for covered inpatient expenses after the	

	deductible up to a maximum of 14 days each Benefit Period.	deductible up to a maximum of 14 days each Benefit Period.	deductible up to a maximum of 14 days each Benefit Period.
Outpatient psychiatric care	50% of the Allowable Charge up to \$40 per day; up to 20 days per benefit period	50% of the Allowable Charge up to \$40 per day; up to 20 days per benefit period	50% of the Allowable Charge up to \$40 per day; up to 20 days per benefit period

* After the Out-of-Pocket Expense maximum has been met, the policy will pay 100% of the Allowable Charge for Network and Non-network Providers (except for Psychiatric Care and the following when the required prior approvals are not obtained: inpatient Hospital admissions, Medically Necessary cosmetic reconstructive surgery, Home Health Care, Hospice Care, human organ and/or tissue transplants, Skilled Nursing Facility admissions and certain outpatient services).